

Quarterly Controlled Substance Inventory Form for
Humane Societies

JUL 30 2018

Title 10 of New York State Rules and Regulations Part 801.3 of the State of New York Code of Rules and Regulations. Within 10 days of the end of each quarter of each year, the society or facility shall submit a report to the department signed by an officer or official and the agent and include... (the information requested by this form).

Facility Name Hi Tor Animal Care Center Inc.
Agent's Name Laurie Sharkey
Address 65 Fireman's Memorial Dr
Pomona State NY Zip 10970 County Rockland
Telephone Number 845-354-7900
Bureau of Narcotic Enforcement Certificate Number 10036
DEA Number [REDACTED]

Quarter (+) ☒ (2) (3) (4) of year 2018
Circle correct quarter

CONTROLLED SUBSTANCE	Mixture of Sod. Pentobarbital (Schedule III)	Ketamine (Schedule III)
Previous Amount on Hand	28.5	6.75
Total Amount Received	100	24
Total Amount Utilized	29	19
*Total Amount Lost	0	0
Ending Amount on Hand	99.5	11.75
Number of Dogs Euthanized	3	3
Number of Cats Euthanized	2	2
Other Species Euthanized (specify)		

* Loss of controlled substances must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss.

Signed: _____

Print Name: _____

To be completed by registered agent: I certify that on 7/2/18 I conducted a physical inventory on the controlled substances listed above. Any loss has been noted. Under the penalties of perjury, I affirm that the statements made are true.

Signature of Agent

Date

Signature of Officer of Society or Facility

Date

False statements made herein are punishable as a Class A misdemeanor, pursuant to section 210.45 of the Penal Law.

Mail completed forms to: Bureau of Narcotic Enforcement
Riverview Center
150 Broadway
Albany, NY 12204
(866) 811-7957

APR 26 2018

Quarterly Controlled Substance Inventory Form for
Humane Societies

Bureau of Narcotic Enforcement

Title 10 of New York State Rules and Regulations Part 80.134(k) states: "Quarterly reports. Within 10 days of the end of each quarter of each year, the society or facility shall submit a report to the department signed by an officer or official and the agent and include..." (the information requested by this form).

Facility Name Hi Tor Animal Care Center Inc.

Agent's Name Laurie Sharkey

Address 65 Fireman's Memorial Dr

Pomona

State NY

Zip 10970

County Rockland

Telephone Number 845-354-7900

Bureau of Narcotic Enforcement Certificate Number 10036

DEA Number [REDACTED]

Quarter (1) (2) (3) (4) of year 2018
Circle correct quarter

CONTROLLED SUBSTANCE	Mixture of Sod. Pentobarbital (Schedule III)	Ketamine (Schedule III)
Previous Amount on Hand	51.5	5.25
Total Amount Received	0	12
Total Amount Utilized	23	10.5
*Total Amount Lost	0	0
Ending Amount on Hand	28.5	6.75
Number of Dogs Euthanized	2	4
Number of Cats Euthanized	2	4
Other Species Euthanized (specify)		

* Loss of controlled substances must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss.

Signed: _____

Print Name: _____

To be completed by registered agent: I certify that on 4/1/18 I conducted a physical inventory on the controlled substances listed above. Any loss has been noted. Under the penalties of perjury, I affirm that the statements made are true.

Signature of Agent [Signature]

Signature of Officer of Society or Facility [Signature]

Date 4/1/18

Date 4/1/18

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150 Broadway
Albany, NY 12204
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Agent's Name Laurie Sharkey
Address 65 Fireman's Memorial Dr
Pomona State NY Zip 10970 County Rockland
Telephone Number 845-354-7900
Bureau of Narcotic Enforcement Certificate Number _____
DEA Number [REDACTED]

Quarter (1) (2) (3) (4) of year 2017
Circle correct quarter

CONTROLLED SUBSTANCE	Mixture of Sod. Pentobarbital (Schedule III)	Ketamine (Schedule III)
Previous Amount on Hand	67.5	7.9
Total Amount Received	0	12
Total Amount Utilized	16	14.65
*Total Amount Lost	0	0
Ending Amount on Hand	51.5	5.25
Number of Dogs Euthanized	11	11
Number of Cats Euthanized	17	16
Other Species Euthanized (specify)		

* Loss of controlled substances must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss.

Signed: _____

Print Name: _____

To be completed by registered agent: I certify that on 1/6/18 I conducted a physical inventory on the controlled substances listed above. Any loss has been noted. Under the penalties of perjury, I affirm that the statements made are true.

Laurie Sharkey
Signature of Agent

Dan P. Muel
Signature of Officer of Society or Facility

1/6/2018
Date

1/18/18
Date

False statements made herein are punishable as a Class A misdemeanor, pursuant to section 210.45 of the Penal Law.

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150 Broadway
Albany, NY 12204
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OCT 18 2017

Quarterly Controlled Substance Inventory Form for
Humane Societies

Bureau of Narcotic Enforcement

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Facility Name Hi Tor Animal Care Center Inc.Agent's Name Laurie SharkeyAddress 65 Fireman's Memorial DrPomonaState NYZip 10970County RocklandTelephone Number 845-354-7900

Bureau of Narcotic Enforcement Certificate Number _____

DEA Number [REDACTED]Quarter (1) (2) **(3)** (4) of year 2017
Circle correct quarter

CONTROLLED SUBSTANCE	Mixture of Sod. Pentobarbital (Schedule III)	Ketamine (Schedule III)
Previous Amount on Hand	3.5	8
Total Amount Received	100	12
Total Amount Utilized	36	12.1
*Total Amount Lost	0	0
Ending Amount on Hand	67.5	7.9
Number of Dogs Euthanized	3	3
Number of Cats Euthanized	9	9
Other Species Euthanized (specify)		

* Loss of controlled substances must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss.

Signed: _____

Print Name: _____

To be completed by registered agent: I certify that on 10/11/17 conducted a physical inventory on the controlled substances listed above. Any loss has been noted. Under the penalties of perjury, I affirm that the statements made are true.Signature of Agent Laurie SharkeySignature of Officer of Society or Facility [Signature]Date 10/11/17Date 10/12/17

False statements made herein are punishable as a Class A misdemeanor, pursuant to section 210.45 of the Penal Law.

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Albany, NY 12204
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 Agent's Name Laurie Sharkey
 Address 65 Fireman's Memorial Dr
Pomona State NY Zip 10970 County Rockland
 Telephone Number 845-354-7900
 Bureau of Narcotic Enforcement Certificate Number _____
 DEA Number [REDACTED]

Quarter (1) (2) (3) (4) of year 2017
 Circle correct quarter

CONTROLLED SUBSTANCE	Mixture of Sod. Pentobarbital (Schedule III)	Ketamine (Schedule III)
Previous Amount on Hand	65	3
Total Amount Received	0	24
Total Amount Utilized	61.5	19
*Total Amount Lost	0	0
Ending Amount on Hand	3.5	8
Number of Dogs Euthanized	7	7
Number of Cats Euthanized	4	4
Other Species Euthanized (specify)		

* Loss of controlled substances must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss.

Signed: _____

Print Name: _____

To be completed by registered agent: I certify that on 10/11/17 I conducted a physical inventory on the controlled substances listed above. Any loss has been noted. Under the penalties of perjury, I affirm that the statements made are true.

Laurie Sharkey
 Signature of Agent

10/11/17
 Date

Debbie DiNello
 Signature of Officer of Society or Facility

10/12/17
 Date

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Second Quarter #'s needed to be recalculated due to error in math

LS

Bureau of Narcotic Enforcement

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Quarter (1) (2) (3) (4) of year 2017
Circle correct quarter

CONTROLLED SUBSTANCE	Mixture of Sod. Pentobarbital (Schedule III)	Ketamine (Schedule III)
Previous Amount on Hand	65	3
Total Amount Received	0	24
Total Amount Utilized	64.5	21
*Total Amount Lost	0	0
Ending Amount on Hand	.5	6
Number of Dogs Euthanized	7	7
Number of Cats Euthanized	4	4
Other Species Euthanized (specify)		

* Loss of controlled substances must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss.

Signed: _____

Print Name: _____

To be completed by registered agent: I certify that on 7/9/17 conducted a physical inventory on the controlled substances listed above. Any loss has been noted. Under the penalties of perjury, I affirm that the statements made are true.

Signature of Agent Laurie SharkeyDate 7/9/17Signature of Officer of Society or Facility Debbie DiPratoDate 7/13/17

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NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Narcotic EnforcementAPR 2017 **Quarterly Controlled Substance Inventory Form for
Humane Societies****Bureau of Narcotic Enforcement**

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 Agent's Name Laurie Sharkey
 Address 65 Fireman's Memorial Dr
Pomona State NY Zip 10970 County Rockland
 Telephone Number 845-354-7900
 Bureau of Narcotic Enforcement Certificate Number 10036
 DEA Number [REDACTED]

Quarter (1) (2) (3) (4) of year 2017
 Circle correct quarter

CONTROLLED SUBSTANCE	Mixture of Sod. Pentobarbital (Schedule III)	Ketamine (Schedule III)
Previous Amount on Hand	65	2
Total Amount Received	0	0
Total Amount Utilized	0	0
*Total Amount Lost	0	0
Ending Amount on Hand	65	2
Number of Dogs Euthanized	0	0
Number of Cats Euthanized	0	0
Other Species Euthanized (specify)		

* Loss of controlled substances must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss.

Signed: _____

Print Name: _____

To be completed by registered agent: I certify that on 4/1/17 I conducted a physical inventory on the controlled substances listed above. Any loss has been noted. Under the penalties of perjury, I affirm that the statements made are true.

Signature of Agent

Signature of Officer of Society or Facility

Date

Date

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JAN 17 2017

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Bureau of Narcotic Enforcement Certificate Number _____

DEA Number [REDACTED]

Quarter (1) (2) (3) (4) of year 2016
Circle correct quarter

CONTROLLED SUBSTANCE	Mixture of Sod. Pentobarbital (Schedule III)	Ketamine (Schedule III)
Previous Amount on Hand	27.5	5
Total Amount Received	100	24
Total Amount Utilized	62.5	27
*Total Amount Lost	0	0
Ending Amount on Hand	65	2
Number of Dogs Euthanized	5	5
Number of Cats Euthanized	18	18
Other Species Euthanized (specify)		

* Loss of controlled substances must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss.

Signed: _____

Print Name: _____

To be completed by registered agent: I certify that on 1/17/16 I conducted a physical inventory on the controlled substances listed above. Any loss has been noted. Under the penalties of perjury, I affirm that the statements made are true.

Signature of Agent

Signature of Officer of Society or Facility

Date

Date

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Riverview Center

150 Broadway

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(866) 811-7957

OCT 11 2016

Bureau of Narcotic Enforcement

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Agent's Name Laurie Sharkey
Address 65 Fireman's Memorial Dr
Pomona State NY Zip 10970 County Rockland
Telephone Number 845-354-7900
Bureau of Narcotic Enforcement Certificate Number _____
DEA Number [REDACTED]

Quarter (1) (2) (3) (4) of year 2016
Circle correct quarter

CONTROLLED SUBSTANCE	Mixture of Sod. Pentobarbital (Schedule III)	Ketamine (Schedule III)
Previous Amount on Hand	48	10.5
Total Amount Received	100	60
Total Amount Utilized	120.5	65.5
*Total Amount Lost	0	0
Ending Amount on Hand	27.5	5
Number of Dogs Euthanized	6	6
Number of Cats Euthanized	56	56
Other Species Euthanized (specify)		

* Loss of controlled substances must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss.

Signed: Laurie Sharkey

Print Name: Laurie Sharkey

To be completed by registered agent: I certify that on 10/11/16 I conducted a physical inventory on the controlled substances listed above. Any loss has been noted. Under the penalties of perjury, I affirm that the statements made are true.

Laurie Sharkey
Signature of Agent

[Signature]
Signature of Officer of Society or Facility

10/11/2016
Date

10/6/16
Date

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JUL 13 2016

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Facility Name Hi Tor Animal Care Center Inc.

Agent's Name Laurie Sharkey

Address 65 Fireman's Memorial Dr

Pomona

State NY

Zip 10970

County Rockland

Telephone Number 845-354-7900

Bureau of Narcotic Enforcement Certificate Number 100360

DEA Number [REDACTED]

Quarter (1) (2) (3) (4) of year 2016
Circle correct quarter

CONTROLLED SUBSTANCE	Mixture of Sod. Pentobarbital (Schedule III)	Ketamine (Schedule III)
Previous Amount on Hand	35	5
Total Amount Received	100	48
Total Amount Utilized	87	42.5
*Total Amount Lost	0	0
Ending Amount on Hand	48	10.5
Number of Dogs Euthanized	5	5
Number of Cats Euthanized	27	27
Other Species Euthanized (specify)		

* Loss of controlled substances must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss.

Signed: Laurie Sharkey

Print Name: Laurie Sharkey

To be completed by registered agent: I certify that on 7/1/16 I conducted a physical inventory on the controlled substances listed above. Any loss has been noted. Under the penalties of perjury, I affirm that the statements made are true.

Signature of Agent Laurie Sharkey

Signature of Officer of Society or Facility [Signature]

Date 7/1/16

Date 7/6/16

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Pomona State NY Zip 10970 County Rockland
Telephone Number 845-354-7900
Bureau of Narcotic Enforcement Certificate Number _____
DEA Number [REDACTED]

Quarter (1) (2) (3) (4) of year 2016
Circle correct quarter

CONTROLLED SUBSTANCE	Mixture of Sod. Pentobarbital (Schedule III)	Ketamine (Schedule III)
Previous Amount on Hand	20.0	6.5
Total Amount Received	100.0	48.0
Total Amount Utilized	85.0	49.5
*Total Amount Lost	0	0
Ending Amount on Hand	35	5
Number of Dogs Euthanized	5	5
Number of Cats Euthanized	32	32
Other Species Euthanized (specify)		

* Loss of controlled substances must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss.

Signed: Laurie Sharkey

Print Name: Laurie Sharkey

To be completed by registered agent: I certify that on 4/1/16 I conducted a physical inventory on the controlled substances listed above. Any loss has been noted. Under the penalties of perjury, I affirm that the statements made are true.

Signature of Agent Laurie Sharkey

Date 4/1/16

Signature of Officer of Society or Facility [Signature]

Date 4/5/16

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Facility Name Hi Tor Animal Care Center Inc.
Agent's Name Melissa O'Malley
Address 65 Fireman's Memorial Dr
Pomona State NY Zip 10970 County Rockland
Telephone Number 845-354-7900
Bureau of Narcotic Enforcement Certificate Number _____
DEA Number [REDACTED]

Quarter (1) (2) (3) (4) of year 2015
Circle correct quarter

CONTROLLED SUBSTANCE	Mixture of Sod. Pentobarbital (Schedule III)	Ketamine (Schedule III)
Previous Amount on Hand	62.5	4.5
Total Amount Received	100.0	72.0
Total Amount Utilized	142.5	70.0
*Total Amount Lost	0	0
Ending Amount on Hand	20.0	6.5
Number of Dogs Euthanized	7	7
Number of Cats Euthanized	71	71
Other Species Euthanized (specify)		

* Loss of controlled substances must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss.

Signed: Melissa O'Malley

Print Name: Melissa O'Malley

To be completed by registered agent: I certify that on 3/11/16 I conducted a physical inventory on the controlled substances listed above. Any loss has been noted. Under the penalties of perjury, I affirm that the statements made are true.

Signature of Agent

Date

Signature of Officer of Society or Facility

Date

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APR 08 2016

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Agent's Name Melissa O'Malley

Address 65 Fireman's Memorial Dr

Pomona

State NY

Zip 10970

County Rockland

Telephone Number 845-354-7900

Bureau of Narcotic Enforcement Certificate Number _____

DEA Number _____

Quarter (1) (2) (3) (4) of year 2015
Circle correct quarter

CONTROLLED SUBSTANCE	Mixture of Sod. Pentobarbital (Schedule III)	Ketamine (Schedule III)
Previous Amount on Hand	18.5	9.5
Total Amount Received	100.0	24.0
Total Amount Utilized	37.5	19.5
*Total Amount Lost	18.5	9.5
Ending Amount on Hand	62.5	4.5
Number of Dogs Euthanized	1	1
Number of Cats Euthanized	29	29
Other Species Euthanized (specify)		

* Loss of controlled substances must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss. — See back of page

Signed: _____

Print Name: Melissa O'Malley

To be completed by registered agent: I certify that on 3/26/15 I conducted a physical inventory on the controlled substances listed above. Any loss has been noted. Under the penalties of perjury, I affirm that the statements made are true.

Signature of Agent _____

Date 3/26/16

Signature of Officer of Society or Facility _____

Date 3/26/16

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The loss of the 18.5cc of Mixture of Sod. Pentobarbital & 9.5cc of Ketamine was due to the fact that the previous drug agent left the shelter on 5/5/15, in not the best of terms, and she had placed the remaining drugs in a locked box and would not give us the key until we had a new drug agent in place. It took us 4 months to register a new drug agent and in the mean time we had our animals euthanized by a licensed veterinarian. When we finally opened the box we found that the previous drug agent had left needles in the remaining bottles and we believe the drugs dissipated due to the needles being left in them.